COMMONWEALTH OF KENTUCKY
Department Of Insurance
P .O. Box 517
Frankfort, Kentucky 40602-0517

APPLICATION FOR EXCESS RATES
CONSENT TO RATE or (A) RATES

DATE FILED: _____

_____
NAME OF APPLICANT / INSURED

POLICY NUMBER _____

_____
ADDRESS OF APPLICANT / INSURED

POLICY DATES _____

_____

NEW APPLICATION_____ RENEWAL_____

_____

_____
NAME OF AGENT

_____
LOCATION(S) OF RATED OPERATIONS

_____
ADDRESS OF AGENT

_____
LOCATION(S) OF RATED OPERATIONS

_____
LOCATION(S) OF RATED OPERATIONS

THIS FILING IS REQUESTED FOR _____ _____
                                                    (Name of Insurance Company)   NAIC #

BY: _____ _____
      (Company Authorized Representative)   TITLE   DATE

REASON(S) FOR EXCESS RATE OR CONSENT TO RATE (Check One)

_____ UNABLE TO OBTAIN COVERAGE AT FILED RATE   _____ UNFAVORABLE LOSS EXPERIENCE

_____ UNUSUAL HAZARDS INVOLVED   _____ OTHER (Explain and attach written justifications)

_____
DESCRIPTION OF EXPOSURES AND UNDERWRITING INFORMATION IN SUPPORT OF PROPOSED RATING.
_____

TYPE OF COVERAGE _____

LIMITS OF COVERAGE _____

DEDUCTIBLE/ RETENTION (If any) _____

_____   _____
CLASSIFICATION CODE NUMBER   CLASSIFICATION DESCRIPTION

UNITS OF EXPOSURE _____

RATE   _____

POLICY PREMIUM   _____

TAXES   _____

TOTAL   _____

I accept and consider the rates and premium charged to be fair and equitable for our particular risk.

_____   _____
APPLICANT / INSURED   TITLE   DATE

IR-1 P&C (9/00)